UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

10000	DO NOT WRITE	IN THIS SPACE
is ido		Date Filed

09-RC-212603

January 8, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and bargaining by Pennioner and Pennioner desires to be certained as representance in the Emphysics of Enterior and Pennioner desires to be certained as representance in the Emphysics of Enterior and Pennioner desires to be certained as representance in the Emphysics of the National Labor Relations Act.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer DirectSat USA 144 Iron Horse Dr, Charleston, WV 25133 3a. Employer Representative - Hame and Title 3b Address (If same as 2b -- state same) Cory Jones General Manager SAME 3f. E-Mail Address 3c Tel No. 3d Cell No. 3e Fax No. 8144506397 cejones@directsatusa.net 5a. Cily and State where unit is located. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) | 4b. Principal product or service Service Provider Satellite television and internet installation. Charleston, WV 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: SEE ATTACHMENT 6b. Do a substantial number (30% or more) of the employees in the Excluded; SEE ATTACHMENT unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state) 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8g Affiliation, if any 8h Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: | Manual ✓ Mail | Mixed Manual/Mail any such election. 11b. Election Date(s) 11c. Election Time(s): 11d Election Location(s): NA NA 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) ELECTRICAL WORKERS IBEW AFL-CIO LOCAL UNION 466 800 Indiana Avenue, Charleston, WV 25302 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers 12d. Tel No 12e, Cell No 12g. E-Mail Address 12f. Fax No. (304) 342-0800 (304) 342-7716 joes@ibew466.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Dale McCray, Lead Organizer 13b. Address (street and number, city, state, and ZIP code) 800 Indiana Avenue, Charleston, WV 25302 13c, Tel No 13d Cell No. 13e, Fax No. 13f E-Mail Address 3048412140 (304) 342-7716 dale_mccray@ibew.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature We Lead Organizer Title Lead Organizer 01/08/2018
WILLFUL FALSE STATEMENTS ON THIS PETATION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Dale McCray

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or lifigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes

5b. Description of Unit Involved

Included: All full-time and regular part-time Warehouse and Installation/Service Technicians employed by the Employer at its facility located at 144 Iron Horse Dr, Charleston, WV 25133.

Excluded: All other employees, confidential employees, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION O9-RC-2127

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
09-RC-212733	January 10, 2018				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective

with the NLRB and should <u>n</u>						
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab.	RC-CERTIFICATION OF tioner desires to be certified	REPRESENTATION DE LA CONTRE LA CONTR	VE - A substantial number ve of the employees. The	Petitioner alleges that	the followin	g circumstances exist and
2a. Name of Employer		2b. Ad	dress(es) of Establishment	t(s) involved (Street and		
Paragon Systems, Inc.			8655 Dulles Technology Pk A Hemdon 20171-	wy. Suite 100		100 N
3a. Employer Representative – Na	ame and Title		3b. Address (If same as	2b – state same))	
Laura Hagan	l ad Call Na			nnology Pkwy. Suite 100		
3c. Tel. No.	3d. Cell No.		3e. Fax No.	- 2	f. E-Mail Add	
(865) 266-0383					hagan@parasy	
 Type of Establishment (Factory, Services 	mine, wholesaler, etc.)	4b. Principal prod	duct or service Contract Security Guard S	Services	Sa. City	and State where unit is located: Charleston, WV
5b. Description of Unit Involved			-	3000		6a. No. of Employees in Unit:
Included: See Attached Page 2 fo	or additional details				-	6b. Do a substantial number (30%
Excluded: See Attached Page 2 for	r additional details					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []
	(Date) (I	f no reply received as Bargaining Re				lined recognition on or about
	28 Start (44) 54 - 146					
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or			Date of Current or Most Recent y (Month, Day, Year)
known to have a representative inte	er than Petitioner and thos rest in any employees in the	has pick	eted the Employer since (A	Month, Day, Year)ed recognition as repres		2 Sec. 105, 715, 1040, 200; 111, 121, 121, 121, 121, 121, 121, 121
The United States Court Security Off				40 T-1 N-		1 404 0-WNs
10a. Name	10b. Add	ress	10c. Tel. No. (845) 486-4260			10d. Cell No. (646) 529-8024
Daniel Hauschild	35 Market	t St Ste 30	10e. Fax No.			10f. E-Mail Address
Business Agent	NY Pough	nkeepsie 12601-32	214			busagent@uscso.org
11. Election Details: If the NLRB of any such election.	onducts an election in this	matter, state you	r position with respect to	11a. Election Type: [Manual [Mail Mixed Manual/Mail
11b. Election Date(s): January 22-31, 2018	11c. Ele Via Mail	ection Time(s):		11d. Election Location(s): Via mail		
12a. Full Name of Petitioner (including States of American States of A	iding local name and nu	mber)		12b. Address (street and number, city, state, and ZIP code) 1870 The Exchange SE Ste 100 GA Atlanta 303392001		city, state, and ZIP code)
12c. Full name of national or internal The Protection & Response Officers	tional labor organization of	f which Petitioner	is an affiliate or constituen			
12d. Tel No. (888) 886-7762	12e. Cell No.		12f. Fax No.	12g. E-Mai jkabakova@		ddress roaunion.org
13. Representative of the Petition	er who will accept service	e of all papers fo	r purposes of the repres	entation proceeding.		
13a. Name and Title Jacqueline Taylor General Counsel J. Taylor & Associates, LLC	3)		13b. Address (street and 1870 The Exchange SE GA Atlanta 30339-2021	d number, city, state, an	d ZIP code)	
13c. Tel No. (770) 951-7077	13d. Cell No.		13e. Fax No.	. ja	3f. E-Mail Ad ktaylor@bell	dress south.net
I declare that I have read the above	e petition and that the s	tatements are tru	e to the best of my know	ledge and belief.		THE STATE OF THE S
Name (Print)	Signature	- GP	Title	70	Date	
lacqueline Taylor			General Counsel		01/9/2018 19:04:57	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
09-RC-212733	January 10, 2018	

Employees Included All Court Security Guards located in Federal Courthouses in the Southern District of West Virginia

Employees Excluded
Office, clerical, and professional employeees, and supervisors, per the Act

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
09-RC-214782	February 13, 2018				

RC PETITION

09-RC-214782

February 13, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form

(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 6256 Baymiller, Burlington, Kentucky 41005 Vertex Mechanical Insulation, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Joseph Lahner same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (859) 444-8080 info@vertex-insulation.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Commercial Insulation Burlington, Kentucky 41005 Construction 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes No Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e Fax No 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10a, Name 10b. Address 10c. Tel. No. 10e. Fax No. 10f. E-Mail Address NONE 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail Manual 11a. Election Type: any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s) 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) Heat & Frost Insulators & Allied Workers Local #8 Suite 302, 2300 Montana Ave. Cincinnati, Ohio 45211 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Heat & Frost Insulators & Allied Workers 12g. E-Mail Address 12f Fax No. 12d, Tel No. 12e. Cell No. 301-731-9101 301-731-5058 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Terry Burke, Business Manager 13b. Address (street and number, city, state, and ZIP code) Sulte 302, 2300 Montana Ave. Cincinnati, Ohio 45211 13c Tel No 13d Cell No. 13e Fax No. 13f. E-Mail Address tburke8@fuse.net 513-221-5969 513-768-2345 513-221-5455 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT TO RC PETITION Vertex Mechanical Insulation, LLC Heat & Frost Insulators & Allied Workers Local #8

5.6 Description of Unit Involved

Included:

All employees engaged in the preparation, fabrication, alteration, application, erection, assembling, molding, spraying, pouring, mixing, hanging, adjusting, repairing, dismantling, removing, reconditioning, maintenance, sealing, finishing and/or weather proofing of cold or hot thermal insulation with such materials as may be specified when these materials are to be installed for thermal purposes in voids, or to create voids, or on either piping, fittings, valves, boiler, ducts, flues, tanks, vats, equipment or on any hot or cold surfaces for the purpose of thermal control; including the handling and distribution of thermal insulating materials on job premises, asbestos removal, and the erection of scaffolding on job premises.

Excluded:

Office employees, administrative employees, guards, supervisors, and all other employees.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
09-RC-216408	March 12, 2018				

INSTRUCTIONS: Unless e-Filed in which the employer concern of service showing service on (Form NLRB-505); and (3) Desc with the NLRB and should not	ed is located. Th the employer and ription of Repres	e petition musi all other partie entation Case i	t be accompanied by is named in the petiti Procedures (Form Ni	both a showing of ion of: (1) the pet	of interest (se ition; (2) Stat	ee 6b below) and a certificate ement of Position form
PURPOSE OF THIS PETITION: RC bargaining by Petitloner and Petitlor requests that the National Labor is	-CERTIFICATION OF	REPRESENTATi ed as representati eed under its pro	IVE - A substantial number ve of the employees. The oper authority pursuant t	Petitioner alleges to Section 9 of the N	hat the followin ational Labor R	g circumstances exist and elations Act.
2a. Name of Employer Mulzer Crushed Stone, Inc. and				y, Indiana 4758		, State, ZIP code)
3a. Employer Representative – Name Kenneth Mulzer (supervisor)	- Jim Bowman	(supervisor)	3b. Address (If same a			
3c. Tel. No. 812-256-3346	3d. Cell No.		3e, Fax No. 812-256-3347			n@mulzer.com /
4a. Type of Establishment (Factory, min quarry	ne, wholesaler, etc.)	4b. Principal pro quarry	duct or service			and State where unit is located: stown, Indiana
5b. Description of Unit Involved Included: all full time and reg	ular part time p	roduction, ma	aintenance, and so	cale house emp	oloyees	6a. No. of Employees in Unit: 37
employed at 15602 Excluded: office clerks, pro	Charlestown/E ofessionals, o	Bethlehem Ro guards, and	d., Charlestown, IN d supervisors as	47111 s defined by	the Act	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
7b. Petitioner	(Date) (is currently recognize	If no reply received as Bargaining Re	tive was made on (Date) d, so state). No repl epresentative and desires	v received		lined recognition on or about
8a. Name of Recognized or Certified	Bargaining Agent (If	none, so state).	8b. Address	Valvania		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Date of Current or Most Recent y (Month, Day, Year)
Is there now a strike or picketing at the (Name of labor organization)			? no If so, approxeted the Employer since (mployees are pa	rticlpating?
10. Organizations or individuals other th known to have a representative interest	an Petitioner and thos in any employees in t	e named in Items he unit described i	8 and 9, which have claim n Ilem 5b above. (if none	ned recognition as rep , so state)	resentatives and	d other organizations and individuals
10a. Name	10b. Add	Iress	- 180 - Cali - II	10c. Tel. No.		10d, Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ucts an election in this	matter, state your	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): March 26, 2018	11c. Ele	ection Time(s):		11d. Election Location(s): employer's Charlestown/Bethlehem Rd. location		
12a. Full Name of Petitioner (Including International Union of Operating			A CHARLES CHARLES	12b. Address (stre 700 N. Elm Stree		city, state, and ZIP code) KY 42420
12c. Full name of national or internation International Union of Operating Eng	al labor organization of gineers, AFL-CIO	f which Petitioner	is an affiliate or constituen	nt (if none, so state)		
12d. Tel No. 270-826-2704	12e. Cell No.		12f. Fax No. 270-827-2014		12g. E-Mail Ac	ddress
13. Representative of the Petitioner w	시시 및 는(T) (C) (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	PATRIC N. SCHOOL STATES (1971)		and managed the public problems of	THE University APPENDE	
13a. Name and Title James P. Faul attorney at Hartnett Gladney Hetterman, LLC 13b. Address (street and number, city, state, and ZIP code) 4399 Laclade Ave., St. Louis, Missouri 63108						
13c, Tel No, 314-531-1054	13d. Cell No.	NATIONAL PROPERTY SAME	13e. Fax No. 314-531-1131		13f. E-Mail Ad jfaul@hghllc.r	dress net / jhartenett@hghllc.net
I declare that I have read the above po		tatements are tru		vledge and belief.		
Name (Print) James P. Faul	Signature	5	Title attorney		Date March 12,	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 09-RC-217330 Date Filed March 28, 2018

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 21-31 STANDIFORD FIELD AVE. LOU. KY 40213 ANTIC AVIATION chris.herzberg@atlanticaviation.com lover Representative – Name and Title Herzberg - General Manager 34 5-409-0313 502-368-1506 368-1515 SERVICE PRIVATE/COMM AIRCRAFT 6a. No. of Employees in Unit: 5b. Description of Unit Involved 6b Do a substantial number (30% or more) of the employees in the Excluded: ALL OTHER ATLANTIC EMPLOYEES unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 3 43 (18 Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No 8d Cell No. 8e. Fax No 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals Now to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:
Manual Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Genreal Drivers, Warehousemen & Helpers Teamsters #89 3813 Taylor BIVO. LOU. KY, 40215 12c Full name of national or international labor equalization of which Petitioner is an affiliate or constituent (if none, so state) 502-368-5885 502-639-6179 502-366-2009 kevin.evans89@yahoo.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Kevin Evans 38 13 Taylor Blvd. Lou, KY 40215 (150) 502-368-5885 หลังโกเล็งสิทธิ์89@yahoo.com 502-366-2009 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Kevin Evans Trustee/B.A.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Wilson "Bud" Raver

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
09-RC-217738	April 3, 2018				

04/03/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) DHL Supply Chain 6290 Opus Drive, Groveport, OH 43125 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) William McCauley 6290 Opus Drive, Groveport, OH 43125 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address william. Mecanley edhlicom 614-491-8694 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Delivery Service package delivery Groveport, Ohio 5b. Description of Unit Involved 6a. No. of Employees in Unit. Included: Drivers 6b. Do a substantial number (30% Excluded: All office, clerical, supervisors and professional employees as defined in the Act, as amended or more) of the employees in the unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 04/03/2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). pending 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address none 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Local Union 413 555 East Rich Street, Columbus, OH 43215 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 614-228-6492 614-228-3933 local413@teamsters413.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Bud Raver, Organizer 13b. Address (street and number, city, state, and ZIP code) 555 East Rich Street, Columbus, OH 43215 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 614-425-4366 614-228-6492, ex 12 614-228-3933 bud.raver@teamsters413.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date

Organizer WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or libigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
09-RC-217845	April 5, 2018				

INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, w	ww.nlrb.gov, submit	an original of this P	etition to a	n NLRB office in the Region
in which the employer concerned						
of service showing service on the	employer and	all other partie	es named in the petition	on of: (1) the petitio	n; (2) State	ement of Position form
(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case	Procedures (Form NL			
with the NLRB and should not be	served on the	employer or ar	ny other party.			
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Relation	esires to be certif	fied as representat	ive of the employees. The	Petitioner alleges that	the following	g circumstances exist and
2a. Name of Employer	ucits Edura pro-		ddress(es) of Establishmen			
HG Medical USA, LLC		810 (Memorial Boulevard,	Huntington, WV 25	701-7002	
3a. Employer Representative - Name and Brent Fulks, VP/COO	1 Title		3b. Address (If same as Same	s 2b – state same)		
3c. Tel. Nc.	3d. Cel. No.	22	3e. Fax No.		f. E-Mail Add	
304-522-4883	330-407-57	TO THE RESERVE OF THE PARTY OF	304-522-0037			oninternational.com
4a. Type of Establishment (Factory, mine, v Factory	wholesaler, etc.)	4b. Principal pri Medical Scre			Same	and State where unit is located:
5b. Description of Unit Involved		INICOICAI COPE	AAS OF TIACES		Came	6a. No. of Employees In Unit:
1 - 12 - 14 - Error carrie - months and a reserved control of the	iniata and	04				27
Included: Turning Mill Mach Excluded: Office Clerical, profe			ards and superviso	ors as defined in	the Act.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes / No
Check One: 7a. Request for re	cognition as Barg	gaining Represent	ative was made on (Date)_	and 8	mployer dec	fined recognition on or about
H			ed, so state). Petition			or Rece
			Representative and desires	certification under the A	ct.	
8a. Name of Recognized or Certifled Bar	gaining Agent (I	r none, so state).	8b. Address			
8c. Tel No.	8d Cell No. 8e. Fax No. 8f. E-Mail Address					ress
8g. Affiliation, if any			8h. Date of Recognition of			Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	17 No If so, approx	cimately how many emp	oyees are pa	rtlcipating?
(Name of labor organization)				Month, Day, Year)		
10. Organizations or individuals other than known to have a representative interest in a	Petitioner and tho	se named In items	8 and 9, which have claim	ed recognition as repres	and the same of	d other organizations and Individuals
10a. Name	1Cb. Ad	dress		10c. Tel. No.	1	10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLR8 conducts any such election.	s an election in th	is matter, state you	ur position with respect to	11a. Election Type:	Manual	MailMixed Manual/Mail
1 tb. Election Date(s): ASAP	f 1c. E	lection Time(s):		11d. Election Location Employer's Conferen	7.6(3.5)	
12a. Full Name of Petitioner (including lo International Association of Machinists an	d Aerospace Wo	orkers, District Lo		2625 Winchester Pike		city, state, and ZIP code) , Ohio 43232
12c. Full name of national or international la International Association of Machinists and			r Is an affiliate or constituer	nt (if none, so state)		
12d. Tel No. 216-262-7248						
13. Representative of the Petitioner who		ice of all papers f				
13a. Name and Title Duane Lukens, ADBR 13b. Address (street and number, city, state, and ZIP code) 2625 Winchester Pike, Columbus, Chilo 43232						
13c. Tel No. 216-262-7248	13d. Cell No. 330-407-5723		13e. Fax No. 614-239-0415	1.3	3f. E-Mail Adukens@dl54	
I declare that I have read the above patit		statements are tr				
Name (Print)	mature 7) /	Title		Date	
William Rudis	- The	der	Grand Lodge Represen		April 5, 20	
WILL ELL CALSE STATEME	NITE ON THIS DE	ETITION CAN BE	DIMIGHED BY EINE AND	IMPORSONMENT (1) S	CODE TITI	E 18 SECTION 1001\

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or linguistic. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. C-218071	APRIL 9, 2018					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Concept Imaging Group (Innomark) 3005 W. Tech Blvd., Miamisburg, OH 45342 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mark Long/Plant Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 937-293-255 937-609-8984 longm@innomarkcom.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Miamisburg, OH Retail Signage Print Facility 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Press Operators, I-Cut Operators, Shipping & Receiving Clerks, Pre-flight Employees, Kit Pack 43 Employees, Pre-Press Techs, Material Handlers, Seamstress Employees, and Platemakers. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Planners, CSR Reps, Managenal Employees as defined in the Act, Temporary Employees, Quality Control, unit wish to be represented by the Schedulers, IT Employees, Maintenance Employees, Security Guards, and all others. Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): April 23, 2018 6:15 AM - 7:15 AM & 2:30 PM - 3:30 PM 2nd Floor "Orange" Conference Room 12b. Address (street and number, city, state, and ZIP code) 2351 West McMicken Avenue, Cincinnati, Ohio 45214 12a. Full Name of Petitioner (including local name and number) GCC/IBT Local 508M of District Council 3 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 513-621-3974 502-593-6750 513-621-5283 dc3icastro@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Tille Israel Catro/DC3 President 2351 West McMicken Avenue, Cincinnati, Ohio 45214 13d Cell No. 130 Fax No 13f. E-Mail Address 513-621-5283 dc3icastro@gmail.com 502-593-6750 513-621-3974 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date April 9, 2018 President Israel Castro

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or flügation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Oec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 09-RC-219179 Date Filed April 27, 2018

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the	employer and all	other partie	s named in the petiti	on of: (1) the pet	ition; (2) State	ement of Position form
(Form NLRB-505); and (3) Descript	tion of Representa	ation Case	Procedures (Form NL			
with the NLRB and should not be s	erved on the emp	oloyer or an	y other party.	20	1500	1771
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner do requests that the National Labor Relational Rela	esires to be certified a	is representati	ve of the employees. The	Petitioner alleges t	hat the followin	g circumstances exist and
2a. Name of Employer		1.20100100	ddress(es) of Establishmer	nt(s) involved (Street	and number, city	, State, ZIP code)
West Virginia American Water Co.		See a	attached sheet	ACC	200	
3a. Employer Representative – Name and	Title		3b. Address (If same a	A STATE OF THE PERSON OF THE PROPERTY OF THE		
Brian Bruce			1600 Pennsylvania	Avenue, Charle		
3c. Tel. No. 304-353-6300	3d. Cell No.	d. Cell No. 3e. Fax No. 3f. E-Mail Address Brian.Bruce@amwate				
4a. Type of Establishment (Factory, mine, w		o. Principal pro ater	duct or service			and State where unit is located: e attached sheet
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All production, mail	ntenance and	derical	employees at th	e locations o	n nage 2	44
Excluded: all confidential seci					ir page 2	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
The state of the s						Petitioner? Yes ✓ No
03-22-1	(Date) (If no	reply receive				lined recognition on or about
8a. Name of Recognized or Certified Barg Utility Workers Union of America, System	gaining Agent (If non		8b. Address	V, Suite 1200 Washi	VO WESTERSON	5
8c. Tel No.	8d Cell No.	700	8e. Fax No.	v, Calle 1200 VVasili	8f. E-Mail Add	
201-446-5085				-11-1	john.duffy@uw	
8g. Affiliation, if any Utility Workers Union of A	America, AF	AND PARTY OF THE PARTY OF	8h. Date of Recognition o Over 40 years	CONTRACTOR		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the Er	mployer's establishme	ent(s) involved	? no If so, approx	rimately how many er	mployees are par	rticipating?
			ceted the Employer since (
10. Organizations or individuals other than F	Petitioner and those na	amed in items	8 and 9, which have claim	ed recognition as rep	resentatives and	other organizations and individuals
known to have a representative interest in a	ny employees in the u	init described	in item 5b above. (If none,	, so state)		
10a. Name	10b. Address	3		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in this ma	itter, state you	r position with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): May 30, 2018	11c. Election 6:30-8:30 Al	n Time(s): M and 3:30-4	:30 PM	11d. Election Loca work locations on p		
12a. Full Name of Petitioner (including los Utility Workers United Association, Local 5		er)				city, state, and ZIP code) Pittsburgh, PA 15222
12c. Full name of national or international la None	bor organization of wh	nich Petitioner	is an affiliate or constituen	it (if none, so state)		
12d. Tel No. 412-355-0200	12e. Cell No. 412-606-2041		12f. Fax No. 412-261-6221		12g. E-Mail Ad sjp@sgkpc.cor	
13. Representative of the Petitioner who	will accept service of	f all papers fo	or purposes of the repres	entation proceeding	g.	
13a. Name and Title Samuel J. Pa	asquarelli, at	ttorney	13b. Address (street and 535 Smithfield St., Suite 300		and ZIP code)	
13c. Tel No. 412-355-0200	13d. Cell No. 412-606-2041		13e. Fax No. 412-261-6221		13f. E-Mail Add sjp@sgkpc.com	10 mm m
I declare that I have read the above petition	on and that the state	ments are tru	e to the best of my know	vledge and belief.		9
Name (Print) Sig	nature		Title Attorney, Utility Workers Uni	ited Association, Local 5	Date 537 April 26, 20	18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
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West Virginia American Water Company 4002 Ohio River Road Huntington, WV 25702 West Virginia American Water Company 24th Street and Ohio River Huntington, WV 25703

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE Case No. 09-RC-219203 Date Filed 27. 2018

NATIONAL LABOR RELATIONS BOARD

	ETITION		05-RC-2			APL11 277 2010		
						to an NLRB office in the Region		
						st (see 6b below) and a certificate		
of service showing service on t								
(Form NLRB-505); and (3) Desc				RB 4812). The sh	owing o	of interest should only be filed		
with the NLRB and should not								
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certif	fied as representati	ive of the employees. The I	Petitioner alleges that	t the fol	lowing circumstances exist and		
2a. Name of Employer	•	2b. Ad	ddress(es) of Establishmen	t(s) involved (Street ar	nd numbe	er, city, State, ZIP code)		
Sugar Creek		1202	1 Sheraton Lane, C		45246	5		
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Same								
3c. Tel. No. 513-551-5280	3d. Cell No.		3e. Fax No. 740-636-3			il Address Sreeksom		
4a. Type of Establishment (Factory, min	ne wholesaler etc.)	4b. Principal pro		1752		. City and State where unit is located:		
Packaging Facility (SCPC)	ic, wholesaler, etc.,	meat proces				irfield and Hamilton Ohio		
5b. Description of Unit Involved Included: Refrigeration Te	echnician					6a. No. of Employees in Unit:		
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No								
4/17/2	2018 (Date)	(If no reply receive	200 00			er declined recognition on or about		
8a. Name of Recognized or Certified			8b. Address	ocitinocitori arroci trici	101.	1 111111		
none								
8c. Tel No.	8d Cell No.		8e. Fax No.	una. Caraina de	8f. E-Ma	il Address		
8g. Affiliation, if any						ation Date of Current or Most Recent t, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the	ne Employer's establi	shment(s) involved	1? If so, approx	imately how many em	ployees a	are participating?		
(Name of labor organization)	175 901	, has pick	keted the Employer since (I	Month, Day, Year)				
10. Organizations or individuals other the known to have a representative interest					esentativ	es and other organizations and individuals		
10a. Name	10b. Ad	dress	- · · · · · · · · · · · · · · · · · · ·	10c. Tel. No.	10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond any such election.	fucts an election in th	is matter, state you	ur position with respect to	11a. Election Type:	Mar	nual Mail Mixed Manual/Mail		
11b. Election Date(s): ASAP 5-16-20 12a. Full Name of Petitioner (including)	11c. E	lection Time(s):	00	11d. Election Location EmployER		211.77		
12a. Full Name of Petitioner (including International Union of Operating	ng local name and n Engineers, Loc	umber) al 20		12b. Address (street	and nun	mber, cfty, state, and ZIP code) ite 205, Cincinnati, Ohio 45203		
12c. Full name of national or internation International Union of Operating En		of which Petitioner	r is an affiliate or constituen	t (if none, so state)				
12d. Tel No. 513 - 75/	71 513 - 67	13-1521	12f. Fax No.		billi	Mail Address 1 UKMPN & 100e 20.07		
13. Representative of the Petitioner v	vho will accept serv	ice of all papers f	or purposes of the repres	entation proceeding.		Ŋ		
13a. Name and Title Robert M	litchell, atto	orney	13b. Address (street and 250 E. 5th Street, 15th floor,		nd ZIP c	ode)		
13c. Tel No. 513-562-1553	13d, Cell No. 513-476-6330	R.	13e. Fax No. 513-766-7426			lail Address tchell@robertmitchell-law.com		
I declare that I have read the above p								
Name (Print)	Signature,	1	Title	70	Date			
William Huesman	Welliam;	Husmal	President-Local 20			4-26-2018		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 09-RC-220537	Date Filed MAY 21, 2018						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Athena Services International 203 Allison Blvd, Corbin, KY 40701 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Alisha Silverman, President 4905 Del Ray Ave #402, Bethesda, MD 20814 3d. Cell No. 301-547-3131 301-841-8144 security@athena-si.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service SECURITY AGENCY SECURITY Corbin, KY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURIY OFFICERS PERFORMING GUARD 6b. Do a substantial number (30% DUTIES AS DEFINED IN SECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ATHENA or more) of the employees in the SERVICES INTERNATIONAL @ 203 ALLISON BLVD., CORBIN, KY 40701. unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). NONE 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 5-6 AM & 1:30- 2:30 PM Holiday Inn Express 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12g. E-Mail Address 12d Tel No. 12e. Cell No. 12f. Fax No. 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13e. Fax No. 13f. E-Mail Address 13d Cell No. 13c. Tel No. 313-964-2125 Gordon@UnionLaw.net 313-964-5600 I declare that I have read the above petition and that the s hts are true to the best of my knowledge and belief. Title Name (Print) Date International President 5/18/18 David L. Hickey

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE DONISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18. SECTION 1001)

NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT	WRITE IN THIS SPACE	1704
Case No.	Date Filed	1888
09-RC-220731	May 23, 2018	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the									
(Form NLRB-505); and (3) Descrip					RB 4812). The st	nowing of inte	erest should	d only be filed	
with the NLRB and should not be	served on the	employer or a	ny other	party.					
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner or requests that the National Labor Relationship.	lesires to be certifi	ed as representa	tive of the e	mployees. The	Petitioner alleges th	at the following	g circumstand	of collective es exist and	
2a. Name of Employer					t(s) involved (Street a			de)	
EQT Corporation		100	EQT Wa	y, Pikeville, K	(Y, 41501			43.00	
3a, Employer Representative - Name an			3b. Ad	dress (If same as	s 2b - state same)				
Roy Justice (Employee Relations	Specialist)	F2 (11)	Same					5622000	
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Addi		1117	
(606)-433-2926	(606)-791-20	A STATE OF THE PARTY OF THE PAR		U-METER.		RJustice@e	eqt.com		
4a. Type of Establishment (Factory, mine, Oil and Gas production facility	wholesaler, etc.)	4b. Principal pr Produce Oil				5a, City a		re unit is located:	
5b. Description of Unit Involved								nplayees in Unit:	
Included: All full-lime and regular part-lime produ lead pipeline operators, welders, senior equipment operators and lead equipment								stantial number (30%	
Excluded: all other employees including all of employees, guards and supervisors.	ompressor and instru rs as defined in the A	iment techs and spe act	cialists, ware	house employees,	office clerical and profes	sslonal	unit wish to b	ne employees in the pe represented by the Yes V No	
Check One: / 7a. Request for n	ecognition as Barg	aining Represent	ative was n	nade on (Date) h	ov petition_an	d Employer ded		The second secon	
no reply		(If no reply receiv			-1-10-0-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			ACTUAL CONTROL OF CONT	
				live and desires	certification under the	Act.			
8a. Name of Recognized or Certified Bar None	rgaining Agent (h	f none, so state).		8b. Address	-2534 A.227 B.S.				
8c. Tel No.	8d Cell No.		8e. Fax	No.	W25.72	8f. E-Mail Add	ress	NATA SEC	
8g. Affiliation, If any		**	8h. Date				ation Date of Current or Most Recent , if any (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involve	d? no	If so, approx	imately how many en	nployees are pa	rticipating?		
(Name of labor organization)					Month, Day, Year)			5000000	
10. Organizations or individuals other than known to have a representative interest in	Petitioner and tho any employees in	se named in Item	s 8 and 9, v	which have claim	ed recognition as rep	resentatives and	d other organiz	ations and individuals	
none 10a, Name	10b. Ad	drace	25 U VIII-011	1	10c. Tel. No.	W. C.	10d. Cell N		
10a. Namo	IOD, AG	01000			100, 181, 110,		Tou. Gell 14	0.	
					10e. Fax No.		10f. E-Mail	Address	
 Election Details: If the NLRB conduct any such election. 	s an election in thi	is matter, state yo	our position	with respect to	11a. Election Type	: Manual	✓ Mail _	Mixed Manual/Mail	
11b. Election Date(s): 6/12/18 - 6/25/18	11c, El by mail	lection Time(s):	ileon.		11d. Election Location(s): Main Break Room				
12a. Full Name of Petitioner (Including I United Steelworkers	ocal name and n	umber)		12b. Address (street and number, city, state, and ZIP code) 80 Boulevard of the Allies, Five Galeway Center Room 913Pittsburgh, PA 1522:					
12c. Full name of national or international I United Steel, Paper and Forestry, Rubbel	abor organization , Manufacturing,	of which Petitions Energy, Allied &	er is an affili Industrial	ate or constituen Service Workers	nt (if none, so state) s International Union	, AFL-CIO, CL	C		
12d, Tel No.	12e. Cell No.		12f. Fa	ĸNo.		12g, E-Mail Ac			
(412) 562-2529	(412) 418-4333		(412) 56			bmanzolillo@u	isw.org		
13. Representative of the Petitioner who				es of the repres	sentation proceeding	g.			
13a, Name and Title Brad Manzolillo,	USW Organia	zing Counsel	13b. Ac 60 Boule		d number, city, state, ive Galeway Center Roo		A 15222		
13c. Tel No.	13d. Cell No.		13e. Fa			13f. E-Mail Ad			
(412) 562-2529	(412) 418-4333	land the second second	(412) 56			bmanzolillo@u	isw.org		
I declare that I have read the above petit		swements are t		pest of my know	vieuge and pellet.				
Name (Print) S Brad Manzolillo	Sand Mine	1111	Title Organiz	ing Counsel	DOLLAR THE TEST	Date 5/23/18			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 09-RC-221692	June 8, 2018					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 1305 Argillite Rd KY Flatwoods 41139-1102 Tri-State Enterprise 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 1305 Argillite Rd KY Flatwoods 41139-1102 Mike Wheeler 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f F-Mail Address tse@tristateenterprise.com (606) 831-2960 (606) 232-0350 (606) 833-2457 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Services Plumbing and other services Flatwoods, KY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 05/18/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8q. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 1 Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 6/28/18 11d. Election Location(s): 11c. Election Time(s): 6:30am to 7:30am Tri-State shop 12a. Full Name of Petitioner (including local name and number)
Paul Williamson
Plumbers and Steamfilters Local 248 12b. Address (street and number, city, state, and ZIP code) PO Box 1687 KY Richmond 40476-1687 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of The United States and Canada 12g. E-Mail Address williamsonpauld@gmail.com 12d. Tel No. 12e. Cell No. (859) 358-9024 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 5301 Wisconsin Ave. NW Suite 800 DC Washinton D.C. 20015-Francis Martorana Attorney O'donoghue and O'donoghue LLP 13f. E-Mail Address 13d. Cell No. 13e. Fax No. fmartorana@odonoghuelaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) Signature Paul Williamson 06/8/2018 11:00:49 Paul Williamson

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
All Plumbers and Plumbers Helpers

Employees Excluded all other employees

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
09-RC-221692	June 8, 2018

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
09-RC-223217	7-5-2018

S-000						BOTHERS!		re-manuelle		0.000	2010
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in t	must be accomp he petition of: (1	panied by b 1) the petiti	oth a si on; (2)	howing of Interest (se Statement of Position	ee 6b b n form	elow) and (Form NL	l a certificat RB-505); an	le of service showl d (3) Description o	ng s f Re	ervice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner and Petitioner and Petitional Laboratory	itioner desire:	to be certified a	s representa	ative of t	the employees. The Pe	titlone	er alleges	that the foll	owing circumstance		
28. Name of Employer: Elliot Supply & Glass, In	ic.			n. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5 Industrial Blvd, Pikeville, KY 41501							
3a. Employer Representative - Name and Title: 3b. / Dick Jarvis, President sain				s (if ser	ne as 2b - state same):	:					
3c. Tel. No. 606-437-7368	3d. Cell No	•	6		2-0080	i	f. E-Mail A nfo@el		panies.com		
4a. Type of Establishment (Factory, Contractor	mine, whole:	saler, etc.)			pal Product or Service Installer			5a. City an Pikevil	d State where unit is le, KY	s loc	aled:
5b. Description of Unit Involved: Included: Glaziers						11	er of Employees in U	2.1100			
Excluded: all other employees				of the e	ubstantial number (3 imployees in the unit inted by the Petition	wis	h to be				
	irrently recog	(If n	o reply rece ing Represe	ived, so		n unde		d Employer o	declined recognition		
8a. Name of Recognized or Certifi None	led Bargalnii	ng Agent (If none	e, so stele)	8b. A	ddress:						
8c. Tel. No.	8d. Cell No		8e	. Fax N	0.	8	8f, E-Mail Address				
8g. Affillation, if any:		***************************************	8h. D	Bh. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing (Name of Labor Organization)	at the Employ	er's establishme	nt(s) involve	d? No	If so, approx	AND CONTRACTOR OF THE PARTY OF	semi-annouse		s are participating? er since (Month, Day	, Ye	ar)
Organizations or Individuals other individuals known to have a reprince None	er than Petitic resentative in	ner and those na terest in any emp	med in item loyees in the	s 8 and e unit de	9, which have claimed escribed in item 5b abo	recog	nition as re	presentative	Annual Control of the		
10a. Name		10b. Address				1	Oc. Tel. No	λ.	10d. Cell No.	-	
							10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB o	onducts and			our posi	ition with respect to any	44,000,000,000	SECTION SECTIO	Manua	I Mail M	ixed	Manual/Mail
11b. Election Date(s): August 7, 2018		11c. Election Tin 10:00 a.m.	ne(s):				11d. Election Location(s): Employer's address above				
12a. Full Name of Petitioner (inclu International Union of Pa Council 53	ding local nai ninters and	ne and number): d Allied Tra	des, Dist	rict	12b. Address (street 1591 Washingt Charleston, W	ton S	street E	, State and 2	ZIP code):		
12c. Full name of national or Interna International Union of Pa				er Is an	affiliate or constituent (i	if none	, so state).		10-11-01-01-01-01-01-01-01-01-01-01-01-0		
12d. Tel. No. 304-343-8250	12e. Cell N 304-483			12f. Fax No. 304-343-8260			12g. E-Mail Address dpoling@iupatde53.org				
13. Representative of the Petitioner who will accept service of all par 13a. Name and Title: John F. Dascoli, General Counsel			13 Jo	apers for purposes of the representati 13b. Address (street and number, cit John F. Dascoli, PLLC 2442 Kanawha Blvd. E., Chi			State and	ZIP code):	i		
13c. Tel. No. 304-720-8684	13d. Cell N 304-552	2-1764	30	13e, Fax No. 304-342-3651			13f. E-Mail Address johnfdascoli@hotmail.com				
I declare that I have read the above	e petition ar			rue to t	he best of my knowle		nd belief.				
lame (<i>Print</i>) Signature Sohn F. Dascoli Signature S/John F. I			F. Dasc				Tide General Counsel				07/05/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
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FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

DO NOT WRITE IN THIS SPACE									
Case No 09-RC-223242	JULY 6, 2018								

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner dealins to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 2a. Name of Employer LOCKHEED MARTIN 5749 BRIAR HILL RD., LEXINGTON, KY 40516 3b. Address (If same as 2b - state same) 3a, Employer Representative - Name and Title (SAME AS ABOVE) ANGELA LENNON - MULTI FUNC. HR SR. MANAGER 3d. E-Mell Address ANGELA.LENNON.CTR@SOFSA.MIL 859-566-4332 4a. Type of Establishment (Factory, mine, wholesaler. etc.) 5a. City and State where unit is located: 4b. Principal product or service MACHINING PARTS FOR MILITARY MACHINE SHOP LEXINGTON, KY EQUIPMENT Ba. No. of Employees in Unit: 5b Description of Unit Involved 45 ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE ALL TOOL & DIE AND ALL 6b. Do a substantial number (30% MACHINE TOOL SET UP OPERATORS WORKING AT LOCKHEED MARTIN IN LEXINGTON, KY. or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: 17a. Request for recognition as Bergaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or bout _____(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires cartification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address NONE N/A Tel. No 8d. Cell No. 8f. E-Mail Address 8e. Fax No. N/A N/A N/A N/A 81. Expiration Date of Current or Most Recent 8g. Affiliation, if any Sh. Date of Recognition or Certification Contract, if any (Month, Day, Year) N/A N/A 8. Is there now a strike or picketing at the Employers establishment(s) involved? N/A If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of lebor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a Name 10d Call No. 10b. Address 10c Tel No N/A 10f, E-Mail Address N/A 10e. Fax No. N/A N/A N/A NIA Election Type: 11. Election Detaile: If the NLRB conducte an election in this matter, state your position with respect to Mixed Manual/Mail Mall any such efection. ✓ Manual 11c. Election Time(s): 11d, Election Location(s): 11b. Election Date(8): WAR ROOM BUILDING 3 - 5749 BRIAR HILL RD. 07/31/2018 3:00 PM - 5:00 PM LEXINGTON, KY 40516 12b. Address (Street and number, city, state, and ZIP code, 12 a. Full Name of Petitioner (including local name and number) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Patitionar is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12e. Cell No. 12g. E-Mail Address 12f. Fex No. 12d, Tel. No. 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13d. E-Mail Address 13c. Tel. No. 13d Cell No. 13e. Fex No. 817-505-0100 817-459-0107 JLITTLE@IAMAW.ORG 682-401-7835 I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief. DATE yam 2 07/06/2018 GRAND LODGE REPRESENTATIVE JAMES R. LITTLE

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

Case No. 09-RC-224642 Date Filed August 1, 2018

INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, ww	ww.nlrb.gov, submit a	n original of this P	etition to a	n NLRB office in the Region
in which the employer concern	ed is located. The	e petition must	be accompanied by b	ooth a showing of i	nterest (se	ee 6b below) and a certificate
of service showing service on t	the employer and	all other partie	s named in the petitio	on of: (1) the petitio	n; (2) State	ement of Position form .
(Form NLRB-505); and (3) Desc						
with the NLRB and should not						
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION OF	REPRESENTATI	VE - A substantial number			
bargaining by Petitioner and Petition						
requests that the National Labor F 2a. Name of Employer	Relations Board proc	eed under its pro	dress(es) of Establishment	(s) involved (Street and	number city	State 7IP code)
DIAGEO /BULLEIT DISTILLING COMP	ANY	39	900 Benson Pike	(b) minutes (on our one		, 5.5.5, 5.7
3a. Employer Representative – Name		K	Y Shelbyville 40065-4006 3b. Address (If same as	2b - state same)		
JESSICA CHEN			3900 Benson Pike KY Shelbyville 400			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		E-Mail Add	ress
(502) 647-5760	(708) 790-5175	i	A See all and seeker	J	essica.m.chen	@diageo.com
4a. Type of Establishment (Factory, mil	ne, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City	and State where unit is located:
Beverages (Alcoholic	:)		BOURBON			Shelbyville, KY
5b. Description of Unit Involved		Maria San Maria	***************************************			6a. No. of Employees in Unit:
Included: See Attached Page 2 for ac	dditional details					18
						6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for ac	Iditional details					unit wish to be represented by the
Oct Pillocito Fago 2 for all	Januari Garana					Petitioner? Yes [] No []
Check One: 7 7a. Request f			tive was made on (Date) 0		mployer dec	lined recognition on or about
5	(Date)	(If no reply received	d, so state). No reply recei-	ved		
			epresentative and desires of	certification under the Ad	it.	
8a. Name of Recognized or Certified	Bargaining Agent (If	none, so state).	8b. Address			
8c. Tel No.	I ad Call Ma		8e. Fax No.	10	. E-Mail Add	ross
8C. Tel No.	8d Cell No.		be. Fax No.	°	. E-IVIAII Auu	1655
8g. Affiliation, if any		Т	8h. Date of Recognition or	Certification 8	. Expiration	Date of Current or Most Recent
T. Constitution of the Con				C	ontract, if an	y (Month, Day, Year)
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			- ••			
9. Is there now a strike or picketing at t	he Employer's establis	shment(s) involved	? No If so, approx	imately how many empl	oyees are pa	inticipating?
(Name of labor organization)		, has pick	keted the Employer since (f	Month, Day, Year)		
10. Organizations or individuals other t	han Petitioner and tho	se named in items	8 and 9, which have claims	ed recognition as repres	entatives an	d other organizations and individuals
known to have a representative interes	t in any employees in	the unit described	in item 5b above. (If none,	so state)		
10c Name	10b. Add	drass		10c. Tel. No.		10d. Cell No.
10a. Name	100. Adi	uiess		100. 161. 140.		Tou. Gen No.
				10e. Fax No.		10f. E-Mail Address
				0.300.000.000.000.000		
11. Election Details: If the NLRB con-	ducts an election in thi	s matter, state you	ir position with respect to	11a. Election Type: [Manual [Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c FI	ection Time(s):		11d. Election Location	1/5):	
8-17-18		PM AND 7AM -8AN	Л	PLANT BREAK ROOM		
12a. Full Name of Petitioner (including ANTHONY TRACY UFCW Local 38D	ng local name and nu	ımber)	C. 11. M. M. C. 11. M. M. C. 11. M. M. C. 11. M. C. 11. M. C. 11. M.	12b. Address (street a 4374 Switzer Rd KY Frankfort 40601-	and number,	city, state, and ZIP code)
12c. Full name of national or internation UNITED FOOD AND COMMERCIAL W	nal labor organization ORKERS INTERNATI	of which Petitioner ONAL UNION	is an affiliate or constituen	t (if none, so state)	38	
12d, Tel No.	12e. Cell No.		12f. Fax No.	the same transfer and transfe	2g. E-Mail A	ddress
(859) 322-8191	133, 331, 1131		(859) 282-0809	J	2g. E-Mail A TRACY@UF	CW.ORG
13. Representative of the Petitioner	who will accept servi	ce of all papers fo	or purposes of the repres	entation proceeding.		
13a, Name and Title			13b. Address (street and	d number, city, state, an	d ZIP code)	1
13c. Tel No.		13e. Fax No. 13f. E-M			dress	
1.2			to the heat of t	dodge and halles		
I declare that I have read the above	A STATE OF THE PARTY OF THE PAR	statements are tru		neuge and bellet.		
Name (Print)	Signature ANTHONY TRACY		Title ORGANIZER		Date 07/31/2011	8 15:25:41
ANTHONY TRACY					07/31/2018	10.23,41

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE

Case

09-RC-224642

Date Filed

August 1, 2018

Employees Included
ALL REGULAR FULLTIME HOURLY DISTILLERY, MAINTENANCE AND
WAREHOUSE EMPLOYEES

Employees Excluded ALL SALARIED EMPLOYEES, ALL SUPERVISORS, CLERICAL, TEAM LEADS, QUALITY ASSURANCE AND CONFIDENTIAL EMPLOYEES

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

0.7.0010					
Case No.					
09-RC-224752	8-1-2018				

	V.SUZSTRAV				09	-RC-22	413Z	20	0 1 2010		
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other parti- Case Procedures (Form NLRB 4	The petition must es named in the pe	be accompanied tition of: (1) the	by both a s petition; (2)	howing of intere: Statement of Pos	st (see 6b sition form	below) and n (Form NL)	l a certificat RB-505); an	e of service show d (3) Description	ving service on of Representation		
PURPOSE OF THIS PETITION bargaining by Petitioner and Pe requests that the National Lat	titioner desires to be	certified as repre	sentative of	the employees. Th	he Petitio	ner alleges	that the follo	owing circumstar	nces exist and		
2a. Name of Employer: Delaco Kasle Processing	g Indiana	514	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5146 Maritime Rd. Jeffersonville, IN								
3a. Employer Representative - N Myron Henderson	ame and Title:		Bb. Address (if same as 2b - state same): Same as above								
3c. Tel. No. 812-280-8800	3d. Cell No.		3e. Fax N	lo.		3f. E-Mail Address					
4a. Type of Establishment (Factory Factory/Warehousing	stablishment (Factory, mine, wholesaler, etc.) Varehousing			pal Product or Ser arts	rvice			onville, IN	t is located:		
5b. Description of Unit Involved: included: Operators, maintenance,		ceiving, insp	ectors an	d all other h	ourly p	ositions	62	r of Employees in			
Excluded: All salaried managerial a Check One: 7a. Request for n					RA _	and	of the e represe	mployees in the unted by the Petitic eclined recognition	nit wish to be oner? 🗵 Yes 🔲 No		
on or about (Date) -	(If no reply	received, so	state).	ication und	Se de St O	Limployer	comice recognitio			
Ba. Name of Recognized or Certi -	fied Bargaining Ag	ent (If none, so si	(ate) 8b. A	ddress:							
Sc. Tel. No.	8d. Cell No.		8e. Fax N	8f. E-Mail Address			ddress				
Bg. Affiliation, if any:	1.		8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)) -				
Is there now a strike or picketing (Name of Labor Organization) Organizations or individuals oth	N 1952 I S 1950 I S 1951 I S 1954 I S 1	-			,1	nas picketed	the Employe	are participating are since (Month, D	ay, Year)		
individuals known to have a rep								3 4113 511151 51,5411			
10a. Name	10b. /	Address				10c, Tel. No	Э.	10d. Cell No.			
			10e. -			10e. Fax No	No. 10f. E-Mail Address		ss		
11. Election Details: If the NLRB of	conducts and electio	n in this matter, s	tate your pos	ition with respect t	to any suc		× Manua	I Mail	Mixed Manual/Mail		
11b. Election Date(s): August 16, 2018		lection Time(s): 0-7:30 am/2:	s): '2:30-4:30pm			11d. Election Location(s): Employer facility on Maritime Road					
12a. Full Name of Petitioner (incl General Drivers and Wa	uding local name an rehousemen, T	d number): eamsters Lo	ocal 89	12b. Address (s 3813 Taylo Louisville,	or Blvd		, State and Z	IIP code):			
12c. Full name of national or intern International Brotherhoo			titioner is an	affiliate or constitu	uent (if noi	ne, so state).			2012-012		
12d. Tel. No. 502-368-5885	12e, Cell No. 502-439-099	97	12f. Fax N 502-36	o. 6-2009		12g. E-Mail jdennis(Address Dteamste	rs89.com			
13. Representative of the Petition 13a. Name and Title: Jay Dennis Assistant to the President T			13b. Addi 3813 Ta	poses of the repress (street and no aylor Blvd ille, KY 40215	umber, city			1			
13c. Tel. No. 502-368-5885	13d. Cell No. 502-439-099			6-2009		13f. E-Mail Address jdennis@teamsters89.com					
I declare that I have read the abo Name (Print)	ve petition and tha	t the statements Signature	are true to t	the best of my kn	Title				Date 7-31-1		
Jay Dennis			11/2	_^			the Pres	ident	8 30 18 9		

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
09-RC-225708	8-16-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Kinder Morgan 3806 Kellogg Ave., Cincinnati, OH 45226 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): James Malloy, Terminal Manager same 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. (513)533-2053 james malloy@kindermorgan.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Terminal Barge Loading/Unloading Cincinnati, OH 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 12 See Attachment A Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes See Attachment A Check One: 🗵 7a. Request for recognition as Bargaining Representative was made on (Date) 8/15/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 8/30/2018 9:30 am -10:00am Operators Lunch Room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Chemical Workers Union Council 1655 West Market St. 6th. Floor Akron, OH 44313 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers Union, AFL-CIO, CLC 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Frank Cyphers 1655 West Market St. 6th. Floor ICWUC President Akron, OH 44313 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (330)926-1444 (203)464-4593 (330)926-0816 fcyphers@icwuc.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature. Date Frank Cyphers ICWUC President 08/15/18

Attachment A

5b.

Included: All full time and regular part time Terminal Operators, Lead Operators and Maintenance workers employed by Kinder Morgan at the above location.

Excluded: All other employees including, professional/managerial, office/clerical, supervisors and guards as defined in the Act.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 09-RC-225852 Date Filed 8-17-2018

Case Procedures (Form NLRB 48		on of: (1) the p	etition; (2) S	nowing of interest (see Statement of Position ed with the NLRB and	form (Form NLI	RB-505); and	d (3) Descri	ption of Rep	presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitional Lab	itioner desires to be ce	rtified as repres	sentative of t	he employees. The Pet	itioner alleges	that the follo	owing circu	mstances e	
2a. Name of Employer:		2b. Ad	dress(es) of	Establishment(s) involv	red (Street and r	number, City,	, State, ZIP	code):	
CAE USA.			C	AE-USA, Inc. 2029 Mis	sion St. Hange	r 888 Colum	ibus, OH 43	217	
3a. Employer Representative - Na Carrie Stawski HR and Labor Relations Manager	ame and Title:			ne as 2b - state samé): BLVD. , Tampa Fl. 33	634		<i>"</i>		
3c. Tel. No. 813-887-1534	3d. Cell No.		3e. Fax N 813-901-6		3f. E-Mail A Carrie.Stay	ddress wski@caem	llusa		
4a. Type of Establishment (Factory, Government Contractor	, mine, wholesaler, etc.)	4b. Princip Flight Sim	oal Product or Service ulation		200 30	d State whe		ated:
5b. Description of Unit Involved: Included Fulltime and regular pa Excluded: Office Clerical, Profess						6a. Number 4	ubstantial nuemployees in	ees in Unit: imber (30% the unit wis	h to be
The second secon	August 15, 2018 urrently recognized as	(If no reply Bargaining Rep	received, so resentative		4, 2010	d Employer		ognition	
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	8f. E-Mail A	Address			
8g. Affiliation, if any:	4	1	8h. Date of F	Recognition or Certificat		on Date of Contract, if any			
9. Is there now a strike or picketing	at the Employer's esta	blishment(s) in	volved? NC	If so, approx	imately how mar	nv emplovee	s are particio	pating?	
(Name of Labor Organization)			-		, has picketed		20 A 100 A	37	ear)
Organizations or individuals oth individuals known to have a rep							es and other	organization	ns and
10a. Name	10b. Add	dress			10c. Tel. N	0.	10d. Cell N	0.	
					10e. Fax N	0.	10f. E-Mail	Address	"
11. Election Details: If the NLRB of	conducts and election i	n this matter, st	ate your pos	ition with respect to any	such election:	11a. Electio	n Type:		
						★ Manual	☐ Mail	Mixed	i Manual/Mail
11b. Election Date(s): 8/17/2018	11c. Ele	ection Time(s):				on Location(s ker Air Nati		Hanger 88	3
12a. Full Name of Petitioner (inclu- International Association of MacI District 54			L-CIO,	12b. Address (street IAMAW 26 Court St					
12c. Full name of national or internal International Association of Mac				affiliate or constituent (if none, so state,):			
12d. Tel. No. 646-926-2910	12e, Cell No. 513-768-2313	ALT.	12f. Fax 1 646-902-		12g. E-Mai ekuss@ia				
13. Representative of the Petition 13a. Name and Title: Edward J. Kuss Grand Lodge Repr		ervice of all pa	13b. Add	poses of the represer ess (street and numbe 6 Court Street, Suite1	r, city, State and	ZIP code):			
13c. Tel. No.	13d. Cell No.513-76	68-2313	13e. Fax	No.716-684-2584	13f, E-Mail	Address ek	uss@iamav	org.	
I declare that I have read the abo	ve petition and that t	he statements	are true to	the best of my knowle	dge and belief.				
Name (Print) Edward J. Kuss		Signature ,		J. Kuss	Title Grand Lodge I		tive		Date 8/17/2018

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Signature

KEVIN SALSMAN

Name (Print)

DO NOT WRITE	IN THIS SPACE		
Case No. 09-RC-227717	Date Filed SEPTEMBER	20,	2018

Date

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 624 Lotus Dr FOUR ROSES BOTTLING FACILITY Shepherdsville 40165-7300 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 624 Lotus Dr KY Shepherdsville 40165-7300 COREY BALLARD 3d. Cell No. 3c. Tel. No. 3f. E-Mail Address 3e. Fax No. CBALLARD@FOURROSESBOURBON.COM (502) 543-2264 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Beverages (Alcoholic) BOURBON Shepherdsville, KY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 17 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/20/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: [7 Manual] Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 10/05/2018 11c. Election Time(s): 11d. Election Location(s): 3:00PM -4:00PM **BREAK ROOM** 12a. Full Name of Petitioner (*including local name and number*) KEVIN SALSMAN UFCWLOCAL 23D 12b. Address (street and number, city, state, and ZIP code) 3940 OLYMPIC BLVD SUITE 340 KY ERLANGER 41018-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UFCW INTERNATIONAL UNION 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address KSALSMAN@UFCW.ORG (859) 282-0809 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

ORGANIZER KEVIN SALSMAN 09/20/2018 15:12:39 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
09-RC-227717	SEPTEMBER 20, 2018

Employees Included REGULAR FULL TIME WORKERS IN BOTTLING FACILITY

Employees Excluded
ALL SALARIED, TEMPORARY, QUAILITY ASSURANCE, SECRUITY AND CLERICAL
OR CONFIDENTIAL EMPLOYEES AS DIFINED BY THE ACT

FORM NLRB-502 (RC) (2-18)

John R. Doll

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
00 PC 222225	

RC PETITION 09-RC-232235 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Keurig Dr. Pepper 3131 Transportation Rd., Dayton, OH 45404 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Matt Berberich, Branch Manager 3c. Tel. No. 3e, Fax No. 3f. E-Mail Address 937-236-0333 937-236-9324 matt.berberich@dpsg.com 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Distribution Center Beverages Dayton, Ohio 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: see attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes see attached Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, If any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): P.O. Box 13357, Dayton, Ohio 45414 see attached 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 937-278-5781 937-278-7577 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Doll, Jansen & Ford, 111 W. First St., Suite 1100, Dayton, OH 45402-1156 John R. Doll, Attorney for the Union 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 937-461-5310 937-461-7219 idoll@diflawfirm.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Attorney for the Union

RC Petition

General Truck Drivers, Warehousemen, Helpers, Sales and Service, and Casino Employees, Teamsters Local Union No. 957

and

Keurig Dr. Pepper

5B - Description of Unit Involved

Included

All full-time and regular part-time Vending Utility employees including Equipment Mover Operators/Service Technicians and Service Technicians employed by the Employer at its Dayton, Ohio facility

Excluded

All office clerical employees, professional employees, and guards and supervisors as defined in the Act and all other employees.

12A - Full Name of Petitioner

General Truck Drivers, Warehousemen, Helpers, Sales and Service, and Casino Employees, Teamsters Local Union No. 957

FORM NLRB-502 (RC)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT	WRITE IN THIS SPACE	
Case No.	Date Filed	
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INSTRUCTIONS: Unless e-File in which the employer concern of service showing service on (Form NLRB-505); and (3) Des with the NLRB and should not 1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitic requests that the National Labor 2a. Name of Employer Sherwood Food Distributors 3a. Employer Representative – Nam	med is located. The the employer and scription of Representation o	e petition must be all other parties re entation Case Pro employer or any of REPRESENTATIVE	e accompanied by named in the petition ocedures (Form NL	an original of this both a showing o	Petition to a	6/18
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bargaining by Petitioner and Petitioner equests that the National Labor 2a. Name of Employer Sherwood Food Distributors	oner desires to be certifi		- A substantial number	of employees wish to	be represented	for purposes of collective
Sherwood Food Distributors	Relations Board proc	ied as representative of	of the employees. The	Petitioner alleges th	at the following	g circumstances exist and
Sherwood Food Distributors		eed under its proper	r authority pursuant to	Section 9 of the Na	ational Labor R	elations Act.
			ess(es) of Establishmen Evergreen Road, D			, State, ZIF Code)
sa. Employer Representative - Nam	ne and Title	200000000000000000000000000000000000000	3b. Address (If same as			-
Colleen Donehue - Human R	esources	10.2	same	s zb = state same)		
3c. Tel. No.	3d, Cell No.		3e. Fax No.		3f. E-Mail Add	ness
313-659-7317	unknown	1,000	13-659-7417			sherwoodfoods.com
4a. Type of Establishment (Factory, m	nine wholesaler etc.)	4b. Principal produc				and State where unit is located:
Wholesale Food Distribution	mio, mioleccion, cto.,		& transportation of	food products		aton, WV
5b. Description of Unit Involved		reduce delivery o	a transportation of	1000 producto	Ti rarrente	6a. No. of Employees in Unit:
	I- D :					10
Included: Route & Shuttl	ie Drivers wor	king in Huntir	ngton, VVV			6b. Do a substantial number (30
Excluded:						or more) of the employees in the
none						unit wish to be represented by the Petitioner? Yes 7 No
Check One: / 7a. Request	for recognition on Pare	sainina Pansasastati sa	was made on /Date)	11/20/10	d Employee de	lined recognition on or about
va. Request	(Date)	If no reply received s	so state). No reply	1/28/18 41	a Employer dec	lined recognition on or about
7b. Petitions	er is currently recognize	of as Ramaining Renre	econtative and decires	y received	400	
8a. Name of Recognized or Certified	d Bargaining Agent (#	none, so state).	8b. Address	certification under the	ACL	
N/A	3 3 3		N/A			
8c. Tel No.	8d Cell No.	1300	Be. Fax No.		8f. E-Mail Add	ress
N/A	N/A	1000	/A		N/A	
8g. Affiliation, if any			. Date of Recognition of	Certification		Date of Current or Most Recent
N/A		N/	/A		N/A	y (Month, Day, Year)
9. Is there now a strike or picketing at	the Employer's establis				11//	
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(Name of labor organization) N/A	4	has picketed	d the Employer since (Month, Day, Year) 🖊	I/A	
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PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-11 Feb. to destine the information to the NLRB is voluntary; however, failure to supply the information will cause the